

# EXHIBIT B

|             |           |   |                   |
|-------------|-----------|---|-------------------|
| Jacobs, Ray | 5/6/2016  | FedEx to client encl. intake packet                             | \$42.95           |
| Jacobs, Ray | 6/16/2016 | Postage- sending client HIPAA form to execute                   | \$1.15            |
| Jacobs, Ray | 9/2/2016  | Postage- Update letter to client                                | \$0.47            |
| Jacobs, Ray | 11/3/2016 | Check No. 1449 to North Carolina Neuropsychiatry for evaluation | \$4,500.00        |
|             |           |   | <b>\$4,544.57</b> |



## Invoice Number

6-615-37322

## Invoice Date

May 20, 2016

## Account Number

3440-9709-7

Page  
1 of 3

FedEx Tax ID: 71-0427007

**Billing Address:**

THE STECKLER LAW FIRM  
 JAMIE BACIAK  
 12720 HILLCREST RD STE 1045  
 DALLAS TX 75230-2079

**Shipping Address:**

BACIAK, JAMIE  
 THE STECKLER LAW FIRM  
 SUITE 1045  
 12720 HILLCREST RD STE 1045  
 DALLAS TX 75230-2079

**Invoice Questions?**  
 Contact FedEx Revenue Services

Phone: (800) 622-1147  
 M-F 7 AM to 8 PM CST  
 Sa 7 AM to 6 PM CST  
 Fax: (800) 548-3020  
 Internet: [www.fedex.com](http://www.fedex.com)

**Invoice Summary May 20, 2016****FedEx Express Services**

|                           |            |                |
|---------------------------|------------|----------------|
| Transportation Charges    |            | 41.50          |
| Bonus Discounts           |            | -6.64          |
| Special Handling Charges  |            | 8.09           |
| Total Charges             | USD        | \$42.95        |
| <b>TOTAL THIS INVOICE</b> | <b>USD</b> | <b>\$42.95</b> |

NFL

You saved \$6.64 in discounts this period!

Shipments included in this invoice received an earned discount. If you would like to know how it was calculated, please go to the following URL:  
<https://www.fedex.com/EarnedDiscounts/>.

Other discounts may apply.

Detailed descriptions of surcharges can be located at [fedex.com](http://fedex.com)

To ensure proper credit, please return this portion with your payment to FedEx.  
 Please do not staple or fold. Please make check payable to FedEx.

For change of address, check here and complete form on reverse side.

| Invoice Number | Account Number | Amount Due  |
|----------------|----------------|-------------|
| 6-615-37322    | 3440-9709-7    | USD \$42.95 |

**Remittance Advice**

Your payment is due by Jun 04, 2016

344097096615373229000000429525



THE STECKLER LAW FIRM  
 JAMIE BACIAK  
 12720 HILLCREST RD STE 1045  
 DALLAS TX 75230-2079

FedEx  
 P.O. Box 660481  
 DALLAS TX 75266-0481



| Invoice Number | Invoice Date | Account Number |
|----------------|--------------|----------------|
| 6-615-37322    | May 20, 2016 | 3440-9709-7    |

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3 of 3**FedEx Express Shipment Detail By Payor Type (Original)****Ship Date:** May 06, 2016**Cust. Ref.:****Ref.#2:****Payor:** Third Party**Ref.#3:**

Fuel Surcharge - FedEx has applied a fuel surcharge of 0.50% to this shipment.  
Incorrect recipient address.

Automation SSFO  
Tracking ID 783007682897  
Service Type FedEx Intl Priority  
Package Type FedEx Envelope  
Orig./Dest. DAL/YYC  
Zone B  
Packages 1  
Rated Weight 0.4 lbs  
Declared Value USD 25.00  
Delivered May 12, 2016 17:17  
Signed by R. JACOBS  
FedEx Use /US0010/\_

**Sender**  
JAMIE BACIAK  
FDX EXP/REDBIRD  
12720 HILLCREST RD STE 1045  
12720 HILLCREST RD STE 1045  
DALLAS TX 75230 US

**Recipient**  
RAY JACOBS  
526 HIGH PARK CT  
HIGH RIVER AB T1V 0A4 CA

NFL  
client

|                                     |                           |
|-------------------------------------|---------------------------|
| Transportation Charge               | 41.50                     |
| Fuel Surcharge                      | 0.19                      |
| Automation Bonus Discount           | -6.64                     |
| Residential Delivery                | 3.65                      |
| Direct Signature                    | 4.25                      |
| <b>Total Transportation Charges</b> | <b>USD</b> <b>\$42.95</b> |
| <b>Third Party Subtotal</b>         | <b>USD</b> <b>\$42.95</b> |
| <b>Total FedEx Express</b>          | <b>USD</b> <b>\$42.95</b> |

DEAN GRESHAM PC  
2911 TURTLE CREEK BLVD STE 1400  
DALLAS, TX 75219

03-12

1449

88-2299/1113  
3313DATE 11/3/16PAY  
TO THE  
ORDER OF North Carolina Neuropsychiatry \$ 4500.00  
four thousand five hundred & no/100's DOLLARSSecurity  
Features  
Dated on  
Date.PlainsCapital Bank. 

www.plainscapital.com

Dallas, Texas

FOR

Ray Jacobs 11/11/16Dean Gresham

REDACTED

# NCNeuropsychiatry

attention &amp; memory centers

Chapel Hill | Charlotte | Raleigh | [www.ncneuropsych.com](http://www.ncneuropsych.com)

## North Carolina Neuropsychiatry, PA

### BILLING POLICY FOR PROFESSIONAL LEGAL SERVICES

**Legal evaluations performed in our office are required to be paid in full prior to the appointment.** If retaining Dr. Hervey as an expert witness, the retainer fee will be quoted on a case by case basis. Payment in full is expected for Independent Medical Evaluations prior to the appointment at the rate of \$4,000 - \$10,000. Dr. Hervey does not allow third party observations or any form of audio or video recording of evaluations.

**Payment in full is expected for all depositions at the rate of \$500 per hour scheduled with a 2-hour minimum (\$1000).** Record review, conferences and pre-deposition meetings will be billed at \$300/hour. Expert witness fees, travel fees and expenses will be billed separately.

The appointment made for all legal services will be guaranteed upon receipt of payment and the signing of this document. If payment in full is not received at least one week prior to the appointment from the appropriate person, the appointment may be cancelled except for Worker's Compensation Depositions. By signing this document, in regards to a Worker's Compensation Deposition, you are agreeing to submit the bill and a proposed order to the Industrial Commission and inform us when doing so.

It is understood that if an appointment or deposition is cancelled within 24 hours for any reason, the party responsible for payment will be charged for the original appointment fee. If the appointment or deposition will be rescheduled, you will be responsible for repayment.

Payment in full for all billed legal services (other than evaluation prepayment) is due 30 days from the date services were rendered. There will be an interest charge of 1.5% per month (18% annually) applied to all balances over \$10.00.

Patient/Case Name: Ray Jacobs - NFL Concussion Settlement - Class Action

Quoted Retainer: \_\_\_\_\_ Evaluation Fees: \$4500.00

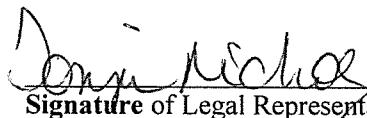
Note. The retainer is a separate charge above and beyond the evaluation fee.

#### LEGAL RETAINER FEE

In many instances upon completion of the initial records review, you will be given the option of simply paying for the record review or paying a Legal Retainer Fee. The legal retainer fee is separate from all other legal fees and evaluation fees. It is non-refundable and includes the initial record review. It guarantees the right to use Dr. Hervey as an expert witness and that he will ensure availability if the case goes to trial.

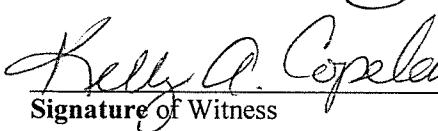
If you decide not to retain, we cannot guarantee the provider's availability.

**Please sign below that you have read, understood, and agree to the above policy.**

  
 Signature of Legal Representative

Tonja Nichols  
 Printed Name of Legal Representative

11 / 3 / 2016  
 Date

  
 Signature of Witness

Kelly A. Copeland  
 Printed Name of Witness

11 / 3 / 2016  
 Date

1829 E. Franklin Street, Bldg. 400  
 Chapel Hill, NC 27514  
 T 919 933-2000  
 F 919 933-2830

6911-100 Shannon Willow Road  
 Charlotte, NC 28226  
 T 704 529-4101  
 F 704 529-6655

2605 Blue Ridge Road, Suite 225  
 Raleigh, NC 27607  
 T 919 785-5055  
 F 919 573-6689

## LEGAL REFERRAL FORM

|                         |                                      |
|-------------------------|--------------------------------------|
| Claims to be billed to: | Name <u>Steckler Gresham Cochran</u> |
| Address                 | <u>12720 Hillcrest Rd.</u>           |
|                         | <u>Ste 1045</u>                      |
| Phone                   | <u>972-387-4040</u>                  |
| Fax                     | <u>972-387-4041</u>                  |
| Email                   | <u>trichols@greshampc.com</u>        |

Patient Name Ray Jacobs Date   /  /  

Address 700 Shepard Rd.

City Hampstead State NC Zip 28443

Home Phone (  ) Cell Phone (403) 861-7081 Email: rayjacobs1972@yahoo.com

Date of Birth 8/16/72 Sex: Male  Female  SSN:   /  /  

Reason for Visit: Medical Record Review  IME  Deposition/Expert Testimony/Retainer  Other Testing as described in exhibits sent

Basic History Retired NFL player. Needs Neuropsych testing to see if he qualifies to be a class member & receive class payouts from a Class Action Settlement regarding Concussions.

Please Indicate: Plaintiff or Defendant  neither. Potential Class Member

Attorney: Bruce Steckler Firm: Steckler Gresham Cochran

Address: 12720 Hillcrest Rd. Ste 1045, Dallas, TX 75230

Phone: 972-387-4040 Fax: 972-387-4041 Email: bruce@stecklerlaw.com

Paralegal/Contact: Tonya Nichols P: 410-914-0524 F: 410-535-8100 Email: trichols@greshampc.com

Deadlines for Trials / Service Dates: NO trial - Report Needed ASAP

Case Name and/or Reference #: NFL Concussion Settlement - Class Action

Opposing Attorney: WIA

## FOR OFFICE USE ONLY~ FOR OFFICE USE ONLY~ FOR OFFICE USE ONLY~ FOR OFFICE USE ONLY

Appointment made with: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ Office: \_\_\_\_\_

Acct #: \_\_\_\_\_ Letter to the Payer/Billing Policy Sent: \_\_\_\_\_ Received: \_\_\_\_\_

Encounter Form Sent: \_\_\_\_\_ Payment Received: \_\_\_\_\_ Medical Records Received: \_\_\_\_\_

NOTES: \_\_\_\_\_

PLEASE RETURN TO:

Sharon Adkins P: 919.785.5005 confidential legal ext.1004 F: 919.573.6689 email:sadkins@ncneuropsych.com  
2605 Blue Ridge Rd., Suite 225, Raleigh, NC 27607-6459